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SEC 1972 (6/99) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

RECD S.E.C.

JAN 2 : 2002

: : 1086

Address of Executive Offices

One Oakbrook Terrace, OakbrookkTerrace, Illinois 60181

(Including Area Code)

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2002
Estimated average burden hours per response... 1

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix		Serial					
DAT	E RECEI	VED					

Telephone Number

(630) 691-1000

PROCESSED

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Name of Offering (check if this is a	n amendment a	nd name has o	changed, and in	ndicate change.)	D
Mallard Cove Apartments, L.L.C.					THOMSON FINANCIAL
Filing Under (Check box(es) that apply):	[] <u>Rule 504</u>	[X] Rule 505	[] Rule 506	[X] Section 4(6)	
Type of Filing: [x]] New Filing [] Amendment				
	A. BASIC	IDENTIFICAT	ION DATA		
1. Enter the information requested	about the issue	r			
Name of Issuer (check if this is an	amendment an	d name has ch	anged, and inc	liciate change.)	
JVM Realty Corporation			*******	-	

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number

(Number and Street, City, State, Zip Code)

(Including Area Code) (if different from Executive C	Offices)	
Brief Description of Busines	S	
Type of Business Organiza	ation	·
[] corporation	[] limited partnership, already formed	[χ] other (please specify):
[] business trust	[] limited partnership, to be formed	limited liability company
	Month Year	
	of Incorporation or Organization: [1] 0] [7] 5] In or Organization: (Enter two-letter U.S. Postal Se CN for Canada; FN for other foreign	
GENERAL INSTRUCTION	S	
Federal:		
	naking an offering of securities in reliance on an e	exemption under <u>Regulation D</u> or
deemed filed with the U.S. the SEC at the address give	t be filed no later than 15 days after the first sale of Securities and Exchange Commission (SEC) on the en below or, if received at that address after the d s registered or certified mail to that address.	he earlier of the date it is received by
Where to File: U.S. Securiti	es and Exchange Commission, 450 Fifth Street, N	N.W., Washington, D.C. 20549.
	copies of this notice must be filed with the SEC, or gned must be photocopies of manually signed cop	
of the issuer and offering, a	w filing must contain all information requested. An iny changes thereto, the information requested in usly supplied in Parts A and B. Part E and the App	Part C, and any material changes
Filing Fee: There is no fede	eral filing fee.	€ #
State:		
securities in those states the file a separate notice with the a state requires the payme shall accompany this form.	o indicate reliance on the Uniform Limited Offering that have adopted ULOE and that have adopted this he Securities Administrator in each state where so not of a fee as a precondition to the claim for the example. This notice shall be filed in the appropriate states stitutes a part of this notice and must be complete	is form. Issuers relying on ULOE must ales are to be, or have been made. If xemption, a fee in the proper amount in accordance with state law. The
	· · · · · · · · · · · · · · · · · · ·	
	A. BASIC IDENTIFICATION DATA	
2. Enter the information red	quested for the following:	

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- Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[x]	Promoter [kx]	Beneficial Owner	[]	Executive Officer	[]	Director []	General and/or Managing Partner
Full Name (Last madary, Jame			ıal)	garage garage a grant gr		La de descripción de la companya de		
Business or Resi One Oakbrook		•		•	•	•)181	
Check Box(es) that Apply:	[X]	Promoter [x]	Beneficial Owner	[]	Executive Officer	[]	Director []	General and/or Managing Partner
Full Name (Last)	name	e first, if individu	ıal)					
McCloud, Joh	n N.							
Business or Resi	idenc	e Address (Nu	mber and Stre	et, City	, State, Zip	Code)	ant yant tiragan ingga magyat batta (, tabag yangan igitat	an angga a marana kula at gir kanganga naman manangunga ngga aga a anama
One Oakbrook	Ter	race, #104	, Oakbrook	Terra	ce, Illi	nois 60)181	
Check Box(es) that Apply:	[]	Promoter []	Beneficial Owner	[]	Executive Officer	[]	Director []	General and/or Managing Partner
Full Name (Last	name	e first, if individu	ıal)					×
Business or Res	idend	ce Address (Nu	mber and Stre	eet, City	, State, Zip	Code)	(5,55), 5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Check Box(es) that Apply:	[]	Promoter []	Beneficial Owner	[]	Executive Officer	[]	Director []	General and/or Managing Partner
Full Name (Last	name	e first, if individ	ual)		16461111 A. 1111111111111111111111111111111	an Statement specification	anning and an angle for the first of the second	
Business or Res	idend	ce Address (Nu	ımber and Str	eet, City	y, State, Zip	Code)		
Check Box(es) that Apply:	. []	Promoter []	Beneficial Owner	[]	Executive Officer	[]	Director []	General and/or Managing Partner
Full Name (Last	nam	e first, if individ	ual)					
(*************************************								

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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Name (of Assoc	ciated Br	oker or	Dealer								
								Purchas	ers	_		
(Chec	ck "All S	States"	or chec	k indivi	idual St	ates)	•••••	••		[] All St	ates
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Full Na	ime (Las	st name	first, if ir	ndividual)							
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Name	of Assoc	ciated B	roker or	Dealer								

	in wnicr ck "All :							Purchas	ers	Г] All S	tates
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Transfer Agent's Fees	[]\$
Printing and Engraving Costs	
Legal Fees	
Accounting Fees	[]\$ <u></u>
Engineering Fees	
Sales Commissions (specify finders' fees separately	
Other Expenses (identify) acquisition fees	
Total	
 b. Enter the difference between the aggregate offering pr - Question 1 and total expenses furnished in response to difference is the "adjusted gross proceeds to the issuer." 5. Indicate below the amount of the adjusted gross proceused or proposed to be used for each of the purposes sh for any purpose is not known, furnish an estimate and chleft of the estimate. The total of the payments listed must gross proceeds to the issuer set forth in response to Part above. 	Part C - Question 4.a. This \$1.,271.,500 eds to the issuer flown. If the amount eck the box to the equal the adjusted t C - Question 4.b Payments to Officers, Directors, & Payments To Affiliates Others
Salaries and fees	
Purchase of real estate	
Purchase, rental or leasing and installation of mach and equipment	
Construction or leasing of plant buildings and faciliti	es[]\$[]\$
Acquisition of other businesses (including the value securities involved in this offering that may be used exchange for the assets or securities of another iss pursuant to a merger) Repayment of indebtedness	d in []\$[]\$ suer []\$[]\$
Working capital	
Other (specify): <u>upgrades</u> reserves	205 200
reserves	[]\$[]\$
Column Totals	
Total Payments Listed (column totals added)	[]\$[]\$ []\$_1,271,500
	bio.
D. FEDERAL	L SIGNATURE
The issuer has duly caused this notice to be signed by the filed under Rule 505, the following signature constitutes a Securities and Exchange Commission, upon written requany non-accredited investor pursuant to paragraph (b)(2	an undertaking by the issuer to furnish to the U.S. uest of its staff, the information furnished by the issuer to
Issuer (Print or Type)	Signature Date
Mallard Cove Apartments, L.L.C.	Jemes 1/ Nachly 12/20/01
Name of Signer (Print or Type)	Title of Signer (Print or Type)
James V. Madary	Manager

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

U.S. POST OFFICE DELAYED

PAN	2	1	2002

E. STATE SIGNATURE

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
		. ,
Name of Signer (Print or Type)	Title (Print or Type)	
		,

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3 4 5							
	Intend to non-accommodate investors (Part B-It	redited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	aı	Type of mount pu (Part	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
Ctoto	V	NI		Number of Accredited		Number of Non-Accredited		V		
State AL	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
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